# The Hampden Hippocrat

March
1973

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# *Editorial . . .*

# THE DETERIORATION OF HEALTH LEGISLATION

There was a time when our commonwealth rated tops in the field of health legislation. Others would often single us out as a shining example of how effectively the legislative process can be utilized in the interest of the health of the public. One need but mention the Chadwick Clinics, the Pound Act, and our perennially successful fight against antivaccinationism and antivivisectionism.

In recent years, however, the situation has deteriorated to a marked degree. Most of the health measures emanating these days from Beacon Hill smack more of the political than the clinical or the scientific. How else are we to characterize the recent enactment of the notorious chiropractic act? How else are we to explain the fact that of 17 health bills supported by the MMS in 1972 only two received the approval of our state legislators?

What are some of the 17 MMS supported health bills that our lawmakers failed to enact? Here are a few examples:

(a) Bill H109 concerns itself with: "Granting the Board of Registration in Medicine the use of expert advice and assistance in devising and conducting examinations."

(b) Bill S42 is described as: "Relative to the protection of certain children who have been injured, maltreated or abused."

(c) Bill H354 would: ". . . relieve nurses from liability in cardiac arrest cases. (MMS sponsored)."

The wisdom of this type of legislation needs no elaboration. Its reasonableness should be obvious to all, physicians and laymen alike. For our lawmakers to enact only two of 17 health bills supported or sponsored by our profession is a poor batting average indeed. By comparison even the lowly 1971 showing looks good. The batting average then was five out of 20.

But the legislative lag is not limited to Beacon Hill. Here, in the greater Springfield area, we are still smarting from the 1969 tragic defeat of the fluoridation referendum. One of the reasons offered was that our local legislators either refused to take a stand or openly opposed because they sensed its impending defeat. The result is that, next to Nevada and Utah, Massachusetts bears the dubious distinction of having the lowest amount of fluoridated water in the entire USA.

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The crux of the problem was pinpointed recently by Dr. Charles C. Edwards, head of the FDA. Addressing the American College of Chest Physicians (Medical Tribune, Dec. 6, 1972), he emphasized that ". . . the FDA is handicapped by some laws that are inflexible and scientifically outdated and the agency needs more guidance from scientists and physicians."

More guidance from scientists and physicians! Ay, there's the rub! But how do we get them into the legislative picture? How do we get our lawmakers to accept the counseling of our profession? At the moment our recommendations seem to be systematically ignored or bypassed. The last item of legislation to surface is an amendment to the Drug Formulary Act of 1972 which would require the least expensive drug to be dispensed by the pharmacist unless the physician indicates otherwise. The word quality is not even mentioned. It is obvious that neither the practicing physician nor the practicing pharmacist were seriously consulted in this matter.

At this point we must pause and ask: Have we, as physicians, done our best? Have we been vigorous enough in our effort to keep our legislators informed as to what is good or bad for the health of the public? Most of all, have we done our share in educating the public in matters of health legislation? The fluoridation referendum which failed so miserably in Springfield passed with flying colors in Holyoke, apparently because of a difference in the degree of public education. Studies in the Cambridge area showed that the residents of the better educated precincts voted more for fluoridation than others. Public education, as shown again and again, has to be energetic, persistent and continuous. Finally, it must include not only local issues but also those under consideration by our legislators in Boston and Washington as well.

Millman

***COVER: Dr. Wei-Ping Loh at the HDMS February 6th meeting explaining the use of a biphasic pulse generator, which is applied to properly placed acupuncture needles for continuous desired effect.***


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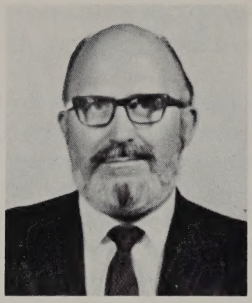

# President's Page

# SPIRIT VS. WRITTEN LAW

I speak to you this time from my own conscience. My thoughts in writing this message stem from the second letter of Paul to the Corinthians. The final statement of same is that "Our sole covenant is from God who has made us qualified ministers of a new covenant. A covenant not of a written law, but of spirit. A written law kills, but the spirit gives life." In the present day when everything is being done supposedly by the written law, these words are of great importance to us all. The "written law kills."

Unfortunately, if you reflect, you will realize that the written law is now killing most of our freedoms as physicians. We are being hemmed in on all sides. As I stated in my previous messages, the federal government and the state government are trying to completely kill, by written law, the freedom and the spirit of the physician. It is time we realize that the spirit of independence in this country was not written but was God given.

The time has come again for us to look to the spirit and not to the written law. How can the recent Supreme Court decisions on abortion and on the abolishment of the capital punishment be consistent in denying life to the unborn on the one hand and in denying death to the criminal on the other? They are inconsistent! If they don't believe in death for the criminal, then why death for the unborn? If they believe in life, then life should be given universally and not indiscriminately denied to those who are unable to speak out on their own behalf.

Recently we, Councilors of the MMS, were addressed by a fellow female physician at a Council Meeting on the fact that when one treats a pregnant woman, one is not treating one patient but two or more patients. Each patient has an equal opportunity and an equal right to the advantages of life that can be best given by our attendance to his or her needs and wants. We physicians must give ourselves unto the spirit. The written law, as I said earlier, kills. Our position, as physicians, is that out spirit is to live and give life as the spirit is supposed to.

I hope that all of you will sincerely consider these words and think deeply before you abide by the written law. Rather, do what your own inane spirit tells you. The Oath of Hippocrates has been passed on for centuries and why in this particular instance, at this one stage in the long history of man, should we be God-like enough to deny even the Oath of Hippocrates?

Robert N. LaMarche M.D.

*Robert N. LaMarche, M.D.*

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# HDMS FEBRUARY MEETING HIGHLIGHTS

The winter meeting of the HDMS was held on February 6, 1973 at the Baystate West Motor Hotel, Springfield, with physicians' wives as invited guests. Attendance: 206 (2 attending without reservations); reservations: 226 (22 reneging on reservations).

The meeting was called to order at 6:20 P.M. by President Robert N. LaMarche with the first order of business being the minutes of the December 5, 1972 meeting. These were accepted as read. The rest of the business matters were disposed of perfunctorily with a progress report on the HCFWM by Dr. LaMarche, an apologetic reply of denial by Governor Sargent regarding his Commissioner of Public Health's (Dr. William J. Bicknell) alleged derogatory comments about physicians at a recent local meeting, and some announcements. The meeting was recessed from 6:40 P.M. to 8:45 P.M. for a social hour and dinner.

Upon resumption of the meeting, Dr. LaMarche introduced Dr. Wei-Ping Loh, who is the Chief Pathologist for the Gary Methodist Hospital in Gary, Indiana, and Clinical Associate Professor at the Chicago Medical School. Dr. Loh, whose medical credentials are impeccable, had made an intensive study of the art of acupuncture and he imparted of his knowledge in an attempt to bring about a basic understanding of acupuncture to the assembled audience. The following are direct quotes from his talk:

"Acupuncture is a 5,000 year old Chinese art of healing and has established truth and scientific uses. It is not a medical hoax. "Acus" in Latin means "needle." Acupuncture is a method of treatment involving application of needles to body surface and superficial tissues in order to induce anesthesia for operations and treatment of many ailments. The values of acupuncture have been recently documented by American medical authorities who witnessed the treatment in mainland China.

HISTORY

There are two major types of acupunctures: the old type involving application of burning moxa plant at outer end of the needle (known as moxibustion or thermoacupuncture) and the modern type involving application of direct electric current to twitch the

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inserted needle (also known as electroacupuncture). Historically stone needles were used at the beginning during pre-Christian eras. Metal needles (stainless steel, less commonly gold or silver) were then used during later periods. Articles on acupuncture are easily found in the Chinese history from the Han period to 18 century A.D.

During the T'ang period acupuncture reached Japan and then spread into Korea and India. In Europe the acupuncture method first appeared in London in 1683 and in Paris in 1735. Acupuncture has been known for centuries in European countries and even the Soviet Union established a separate department in their Academy of Sciences for systematic research on acupuncture. Rapid advances and wide applications began approximately 15 years ago when mainland China succeeded in applying direct electric current to acupuncture needles. Only in recent months has the acupuncture method been popularly discussed in the United States.

TECHNIQUE AND USES

Technically, the method involves insertion and manipulation of sterile needle or needles through specified points on body surface. The needle is generally inserted at a specified angle with twirling movements and the later manipulation is now maintained by a direct electric current or a biphasic pulse generator which delivers 6 to 9 volts with a discharge rate of 100 to 189 cycles per minute for the vibrations. The body surface has at least 361 major puncture sites which are connected by 14 major meridians (nerve pathways) under the skin. Those structures are separately related to internal organs. Expert knowledge and experience is essential for proper selection of puncture sites and successful acupuncture anesthesia. The needle generally reaches a depth of a quarter to a half inch and, when the needle is properly inserted, the patient would have a numb and hot sensation in the area designated for surgery. Deeper insertion, reinsertion and rotation of needles may be required. Three needles inserted below eye, behind ear and on top of head, respectively, are generally required for removal of brain tumor. One needle in each forearm is needed for thyroid operation. Four needles in the pinna of each ear are adequate for removal of stomach. Needle around jaw or behind the ear and another needle in the arm are required for lung operation. Needles in backbone and lower limbs are generally used for removal of an ovarian cyst or a pelvic organ.

Acupuncture alone is sufficient to induce anesthesia for operation in approximately 90% of cases. Inadequate anesthesia or even failure could be


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encountered in remaining 10% of the cases. The outlook is constantly improving, particularly for women's diseases, eye, ear, nose and dental cases. It has been widely used for Caesarean sections, tonsillectomy and removal of discomfort in a wide variety of ailments, including headaches. Adequate anesthesia may last up to six hours, and the anesthesia may persist for hours after withdrawal of the needles.

ADVANTAGES

Acupuncture has many advantages over the conventional drug and gas anesthesia. In the first place, acupuncture, when properly administered, is absolutely safe. No serious complication was encountered in more than 400,000 operations with acupuncture anesthesia performed in mainland China. The conventional drug and gas anesthesia carries a risk of one death in every 3,000 cases; on this basis, the 400,000 acupuncture anesthesias have saved 133 patients from conventional anesthetic death. Second, acupuncture anesthesia is much cheaper. Third, less effort is needed in training for mastering the use of acupuncture. Fourth, the patient does not have to be fasting and does not develop nausea, vomiting and interruption of hydration. All those factors hekp to reduce the duration of his hospital stay. Fifth, the patient is fully conscious and can cooperate during the operation. Therefore, the regular care in a recovery room may not be needed. Sixth, acupuncture anesthesia gives no after-effects and post-operative complications. Finally, the acupuncture method is convenient and can be made readily available.

PROBLEMS

There are a few problems in the use of acupuncture. A few patients confirmed discomfort in the form of "pulling sensation" when a large mass was removed. Psychotherapy is helpful in those cases. Small areas of ecchymosis may be encountered at puncture sites. Naturally, acupuncture anesthesia alone may not be successful in a few cases, particularly due to lack of relaxation of thick abdominal wall and adhesions around organ being removed.

COMMENT

The mode of action of acupuncture has been partly explained in the aforementioned paragraphs. It is well known that disease of internal organs may cause pain in specific area of body surface through poorly identified nerve pathway; in this connection, proper stimulation of body surface and superficial tissue in the specific area (or even applying pressure or pinching) may suppress pain in the diseased organ. Another explanation is that twirling of the acupuncture needles creates a flood of painless sensations which race to higher nerve centers in thalamus portion of brain and spinal cord so that painful sensations from surgery are jammed and cannot reach the same higher nerve centers. Much research is still needed in order to confirm and to understand the many puncture sites and meridians and their relations in the body.

**Ernest A. Byron, Jr.**

* * * * * *

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Acupuncture is useful for treating a wide variety of diseases, ranging from functional disturbances to organic disorders. It is not possible to list them all. In general, acupuncture offers the following:

a. alleviation of pain through its analgesic effect. Examples are treatment of toothache (with puncture through "Ya T'ung Ling" spot) and alleviation of post-operative pain and suffering from cancer.

b. decrease of muscular spasm.

c. improvement on circulation.

d. increase of phagocytoc activity and number of white blood cells for better defense against infection. Fever eventually disappears in many cases. 8,063 treatment cases reported in China between 1951 and 1954 show an average success of 92.47 percent. Factors "a" through "d" explain therapeutic efficacy of acupuncture in cases of neuralgia, arthritis, rheumatism, toothache, low back pain, etc.

Some *limitations* are as follows:

1. There is no permanent cure.

2. Deformity from arthritis and other chronic damage cannot be reversed.

3. Even in China, acupuncture is not regarded as a magic cure-all. It is only moderately effective for certain ailments and has no effectiveness at all for a few other conditions. The effectiveness for blindness and deaf-mutism has not been fully explained.

4. Acupuncture treatment should not replace antibiotics for infection, indications for surgery and treatment for cancer.

In conclusion acupuncture has established value and distinct advantages as an adjunct to conventional drug anesthesia. It has potential medical uses in the treatment of many ailments. Over-enthusiasm and improper use without adequate training and experience are, however, harmful."

Although the meeting adjourned at 10:30 P.M. with the conclusion of Dr. Loh's talk, many remained to ask more detailed questions and to watch some demonstrations.

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# MMS COUNCIL MEETING HIGHLIGHTS

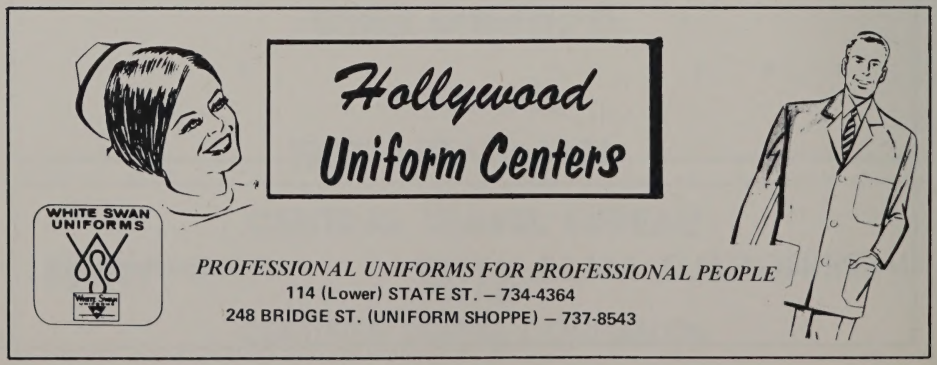
The stated meeting of the Council of the MMS was held in Boston on February 14, 1973, with the call to order coming at 10:15 A.M. by the President, James F. McDonough. Representing the HDMS were the following Councilors: Drs. James D. Allan, John C. Ayres, Maurice J. Boivin, Gardner Cox, II, Louis F. Derose, Elmer F. Franseen, John F. Griffin, Donald R. Hayes, Garry DeN. Hough, III, Allen S. Johnson, Robert N. LaMarche, Frederick C. Schwendenmann, Lorne C. Smith, Walton E. Stevens, Bruce B. Stoler and Emanuel Wiedman.

FINANCES

The meeting began somewhat on a confused note with the Committee on Finance's report, budget for 1973, and recommendations being taken up first and out of order. Soon it became obvious that other committee reports having a bearing on the 1973 budget should be considered first, thereupon, the Committee on Medical Education was called upon to explain its wants. Dr. Earle M. Chapman, Chairman, made a plea that $10 from the dues of each active resident member of the MMS be allocated for educational purposes in the light of present commitments for fostering continuing educational programs and accrediting local programs in community hospitals. Moreover, good educational programs sponsored and accredited by the MMS might stave off governmental relicensure examination requirements as well as takeover of educational programs by hospital associations. Throughout the discussions, there seemed to run a thread of non-support for the Postgraduate Medical Institute, and it became obvious finally that none would be forthcoming since $10 per member for educational purposes was approved for use by the Committee on Medical Education through channels provided by the MMS's bylaws and no appropriation being recommended for the PMI.

Next, the Council approved that the NEJM subscription rate for MMS active members, resident and nonresident, be fixed at $7.50 a year rather than the present $1 per year. Inasmuch as the Internal Revenue Service for the past two years has pegged the cost of the NEJM to each MMS member at $7.50 per year and thereby increased the Journal's taxable income by approximately $50,000, the Society on the advice of legal counsel must face the reality and vote the increase.

The budget was further increased by $5,000 with approval of the Committee on Public Health's recommendation that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such a sum be contributed to the Mass. Citizens Committee for Dental Health to promote the fluoridation of public water supplies.

Finally, the Council returned to the Committee on Finance's report. In the light of the increase in the subscription rate for the NEJM to all active members, it was voted that active nonresident members' dues be raised from $15.00 to $25.00 per year starting in 1974 but that over 65 years of age members would continue to receive their Journal at $1.00 per year. The Committee on Public Relations received approval for $30,000 for its activities during 1973. The AMA-ERF will again receive $12,000 this year. On the other hand, no provision was made for allocating funds to be over $600,000 with an estimated revenue of approximately $590,000. Hence, like government, deficit financing is becoming a way of life for the MMS.

ABORTION

After lunch, there was no time for lethargy for the Advisory Committee on Abortion presented the following recommendation:

"With the recent Supreme Court decision relating to the rights of a woman concerning abortion, it is imperative that the Massachusetts Medical Society clearly enunciate those principles it feels necessary to maintain high standards of medical care and safeguard the health of women undergoing this procedure.

These principles include the facilities performing abortions, the professional personnel, and the proper setting for certain procedures.

*FACILITIES:*

1. Where available and adequate to the need, existing hospital facilities should be utilized.

2. In view of the demand in certain areas, short stay treatment facilities may be necessary to provide this service to the population. When established, these should conform to the "Standards for Obstetric-Gynecologic Hospital Practice, Section III, Ambulatory Care" recommended by the American College of Obstetricians and Gynecologists.

3. Abortions should not be performed in doctors' offices.

*PERSONNEL:*

All abortions should be performed by a licensed physician who, by his qualifications, is permitted to perform these procedures in a hospital setting.

*PROCEDURES:*

1. Dilatation and curettage, including suction curettage, can safely be performed up to 10 weeks gestational age (equivalent to 12 weeks of amenorrhea) in a short-term treatment facility meeting the standards recommended in the section under facilities.


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2. All other abortions, including intra-amniotic hypertonic saline infusion, suction curettage beyond 10 weeks gestational age and hysterotomy should be performed in a hospital.

*RECOMMENDATION:*

We recommend to the Council that it approve the above statement as the policy of the Massachusetts Medical Society."

Legal counsel of the Society thereupon rendered his opinion informally to the effect that there is little to no legal grounds for the setting of standards during the first trimester, some lattitude for the sake of the mother during the second trimester, and considerable lattitude during the last trimester. Hence, any position statements relative to the setting of standards must be drawn up in close collaboration with legal counsel. During questioning, the latter yielded that the decision implied no compulsion for physicians to participate in abortions against their will. Moreover, obtaining appropriate consents to the procedure were still in order.

During the discussion, pleas were made for consideration of the rights of the fetus, family planning education, and the development of standards based on the highest quality of care irrespective of legal rulings and decisions. With all this in mind, the report was returned to the Committee for further consideration.

MISCELLANEOUS

The Committee on National and State Legislation's report was accepted as informational. Mr. Charles Dunn has been replaced as legislative counsel by a Mr. William F. Malloy.

The "Joint Report of the Interspecialty Committee and the Medical Charges Review Committee" made a recommendation, "that no attempt be made to establish and publish conversion factors for widespread use with the Mass. Relative Value Study," and this was adopted by the Council. It is claimed by some that a maximum conversion factor reviewed annually in relation to the cost of living index has the following advantages: (1) simplicity of negotiation (with third parties); (2) cost predictiveness; (3) flexibility; (4) control of overcharging; (5) elimination of special pleading and competition between clinics

and groups; and (6) maintaining the public and private image of physicians. However, unilateral setting of prices can be regarded as a breach of the Sherman Anti-Trust Act; MMS's legal counsel's opinion upholds this view. Furthermore, once a maximum conversion factor has been set, experience has repeatedly shown that all charges move rapidly to the maximum with a resultant massive increase in the cost of health care to the public and damage to the public image of physicians. Use of an average conversion factor based on present charges and/or payments on a statewide basis would result in a massive redistribution of income amongst physicians in the State. Such a use of the MRVS could lead to more direct control by government over physicians' fees. Finally, the flexibility of a defacto fee schedule cannot be guaranteed since third parties may refuse or be unable to continue agreements. It is felt that the MRVS is a valuable instrument in controlling overcharging in individual cases by peer review mechanisms.

The Ad Hoc Committee on Public Information and Education outlined its accomplishments over the past year in an attempt "to focus attention on the positive side of the practice of medicine with special emphasis on the maintaining of the delivery of quality medical care under a pluralistic system in our democratic society." There was an enumeration of many successful endeavors in working with mass media of communication. This committee plans a continuing program in the same vein for the coming year. The price of this program is to be $30,000, and the Council approved of same upon recommendation of the Committee on Public Relations. Likewise, on the recommendation of the latter committee, the Council adopted a resolution requesting the Mass. Commissioner of Insurance to investigate the status of all out-of-state companies offering health insurance and to make the information available to all citizens relative to the validity of the coverage offered.

The Council approved the establishment of a Section on Urology in the MMS. It also approved a resolution from Hampden relative to the holding of one of its future meetings in Western Mass. as well as a resolution relative to the Commonwealth being treated as a single region for purpose of Blue Shield payments to physicians.

The Council meeting was adjourned at 3:30 P.M.

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# LEGISLATIVE HOPPER

## (CONTINUED)

(Editor's Note: – To conserve space, only titles of bills and recommendations as pertain to support or opposition by the MMS's Committee on National and State Legislation will be given. For more information, Dr. James D. Allan, HDMS Legislative Councilor, or the Society's office should be consulted.)

SUPPORT

S-108 – Regulating the advertising of accident and health insurance. Sen. McKinnon, Sen. Sisitsky – Insurance.

Note: this bill would empower the Commissioner of Insurance to alter or amend rules and regulations relating to advertising of insurance policies so as to assure such advertising is truthful and not misleading.

S-1108 – Establishing a Commission for the Handicapped and defining its duties. Sen. Conte – Social Welfare.

S-1110 – Regulating the requirement of a degree of doctor of medicine for registration as a physician. Sen. DiCarlo – Social Welfare.

S-1114 – Authorizing the establishment of out-of-hospital dialysis units under the supervision of the Department of Public Health. Sen. DiCarlo – Social Welfare.

S-1127 – Licensing methadone clinics-so-called. Rep. Lewis – Social Welfare.

S-1154 – Establishing the Commission on Medical Examiners and the Office of Chief Medical Examiner. Sen. Quinlan – Social Welfare.

H-1039 – Requiring the plaintiff in a malpractice action to furnish a surety as security for the cost of defense. Rep. Desorcher – Judiciary.

H-2011 – To relocate the administration of medical assistance. Rep. McColgan – Social Welfare.

Note: the bill would transfer the administration of the medical assistance program from the Department of Public Welfare to the Department of Public Health.

The Society supported this same bill last year.

H-2193 – Relative to the payment of medical and dental consultants in state hospitals and other state institutions. Reps. Lynch, McGinn and Sisitsky – Social Welfare.


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H-2373 – Providing for special diets for certain persons at facilities of the Department of Mental Health. Rep. Piro – Social Welfare.

H-2726 – To establish a medical advisory board for the Registry of Motor Vehicles. Rep. Lucey, Rep. Hogan – Social Welfare.

H-2940 – Providing for the protective services for children at risk. Rep. Sacco – Judiciary.

H-3066 – Providing for penalties for fraudulently obtaining treatment or admission to hospitals. Rep. Desrocher – Judiciary.

H-3067 – Providing that records and proceedings of medical committees are not to be admissible as evidence in court. Rep. Desrocher, Mass. Hospital Association – Judiciary.

H-3068 – Granting immunity from damages to physicians and hospitals as a result of actions taken by medical committees. Rep. Desrocher, Mass. Hospital Association – Judiciary.

H-3174 – Requiring the approval of utilization review committees for extended stays of medicaid recipients in acute care hospital. Rep. Sacco – Social Welfare.

H-3978 – Petition of Registrar David J. Lucey for legislation to prohibit smoking on school buses. – Public Safety.

H-4599 – Petition of Rep. Alexander Lolas that persons appointed to the position of physician in the Department of Mental Health be required to be registered to practice medicine in the Commonwealth. – Social Welfare.

H-4792 – Regulating who may administer or dispense methadone. Rep. Donovan – Social Welfare.

Note: this legislation would prohibit the use of methadone unless dispensed or administered by licensed physicians or nurses.

H-4960 – Requiring the use of seat belts in taxi cabs. Rep. Babb – Public Safety.

Note: Front and back seats would be equipped with seat belts.

H-4983 – Providing for the testing, treatment and care of all children who have a susceptibility to sickle cell anemia. Rep. Bolling, Sr., Rep. Bolling, Jr. – Social Welfare.

H-4986 – Transferring the medicaid program from the Department of Public Welfare to the Department of Public Health. Rep. Coury – Social Welfare.

H-4996 – To limit smoking in public places. Rep. Pines, Dr. Overholt, Dr. Paul Dudley White – Social Welfare.

Note: Rep. Pines has asked the Society for an expression of opinion on this bill. The bill would require the posting of "No Smoking" signs in public conveyances, polling places, MBTA, schools, colleges. Fines could be levied on persons who

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refuse to abide when asked to do so by a person in charge of the building. The bill would outlaw cigarette vending machines in buildings owned by the state.

H-5183 – To permit the Department of Public Health to supervise emergency medical care, license ambulances, train and license operators and attendants of ambulances, and establish a state wide emergency communications system network. Rep. Pines – Social Welfare.

H-5308 – Protecting certain confidential sources of information. Rep. Brett – Judiciary

Note: The bill states: certain special categories of people by right ought to be entitled to special immunity within the law: therefore at any legal proceeeding. OPPOSE

S-1086 – Providing that recordings of hospital associations be open to the Rate Setting Commission. Sen. Backman – Social Welfare.

S-1115 – Regulating the membership of the Public Health Council. Sen. DiCarlo – Social Welfare.

Note: the bill provides for the appointment of seven members to the Public Health Council by the Governor. Of the seven only *two would be m.d.s.* The Commissioner is advisory, he has no vote.

S-1119 – Establishing the State Commission on Medicolegal Inventigation and the office of Chief Medical Examiner. S-1154 favored instead. Sen. Fishman – Social Welfare.

S-1122 – To establish a new health care facilities agency and regional rate review boards for all health care facilities, which shall be charged with the duty to assure all purchasers of health care facilities that the rates they pay are not discriminatory or excessive and are reasonably related to the cost of such services. providing for the powers, duties and functions and for the appointment of staff of such agency and such regional boards. Sen. Foley – Social Welfare.

S-1129 – Establishing the Community Medical Delivery Project Commission. Rep. Lewis – Social Welfare.

S-1159 – Providing that certain hospitals may dispense medicines and pharmaceuticals to elderly persons. Sen. Timilty – Social Welfare.

S-1175 – Prohibiting the addition of any drug, medicine or any other

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substance to public drinking water for the express purpose of affecting the physical or mental functions of the consumers. Sen. Wall – Social Welfare.

H-736 – Relative to Physicians' Assistants. Rep. Volterra – Social Welfare.

Note: this is a refile of House 1428 of 1972. All bills relating to physicians assistants that were filed last year were referred to a special study commission. The commission has not issued any report on physicians assistants as of this date. House 4413 favored instead.

H-1109 – Legalizing the practice of acupuncture. Rep. Connell – Social Welfare.

H-1412 – A resolve providing for an investigation and study by a special commission relative to the laws and proceedings by which medical examiners of each county operate. S-1155 supported instead. Rep. Ronayne – Social Welfare.

H-1548 – Requiring medical reports on certain persons to be made to the Registrar of Motor Vehicles. Mass. Division of AAA, Rep. Babb – Public Safety.

H-2191 – Providing for the Payment of an annual registration fee by practicing physicians. Rep. Lolas – Social Welfare.

Note: this bill would require that all physicians practicing medicine in Massachusetts shall register annually with the Board of Registration in Medicine. There would be an annual registration fee of twenty-five ($25) dollars.

H-2505 – To require a medical service corporation to pay for medical, visual and surgical services rendered by participating physicians, dentists, podiatrists and optometrists to its subscribers and to their dependents and not to exclude the services of a participating physician who performs covered services within the scope of their license. Rep. O'Leary – Insurance.

H-2569 – To provide adequate medical care for the elderly in an emergency through the use of paraprofessionals. Mr. Cuzzi of Newton – Social Welfare.

H-2567 – Requiring the inclusion of

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nurses notes in hospital records. Rep. M. F. Flaherty – Social Welfare.

H-3153 – Authorizing student nurses and specifically trained technical aides to administer controlled substances. Rep. Desroches, Mass. Hospital Association – Social Welfare.

H-3107 – Petition of Martin G. Weinberg for legislation to repeal the law requiring operators and passengers of motorcycles to wear protective headgear. – Public Safety.

H-3730 – To facilitate an increase in medical manpower through use of medical assistants. Speaker Bartley, Rep. Bertonazzi – Social Welfare.

H-4014 – Petition of Thomas E. Creighton that registered physicians in Worcester County be authorized to order the removal of dead bodies from the place of death before waiting for the medical examiner. – Social Welfare.

H-4799 – Providing for the printed name of practitioner to appear on hospital or clinic prescription blanks. Rep. Lolas – Social Welfare.

H-4800 – Establishing a board of registration of psychiatrists and persons trained in psychiatric care. Rep. McGinn – Social Welfare.

H-5750 – Permitting a pharmacist to dispense a drug with a generic or chemical name considered therapeutically equivalent if a physician's prescription does not specifically rule out the generic or chemical name. Rep. Serra – Social Welfare.

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# THE NEXT MEETING of the SPRINGFIELD ACADEMY

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TUESDAY, APRIL 10, 1973

SPEAKER: Louis Weinstein, M.D.
Professor of Medicine
Tufts University School of Medicine

TOPIC: "CURRENT CONCEPTS IN THE MANAGEMENT POST-OPERATIVE FEVER."

PROGRAM Clinic, 5:00 P.M., Wesson Women's Hospital
* Dinner, 6:30 P.M.
* Formal Lecture, 8:00 P.M. at the Storrowton Tavern, West Springfield

* Reservations for dinner can be made by calling Mrs. Mildred Lund at 734-5445.

# BYLAWS COMMITTEE

The members of the Executive Committee, having a very heavy work load conducting the business of the Society, have requested that they be relieved by the additional duty of serving on the Grievance Committee.

Therefore, the Bylaws Committee recommends the following amendments to the bylaws:

CHAPTER VII – COMMITTEES

Section 1. Executive Committee

Delete the following subsection:

(m) "It shall serve as the Grievance Committee."

Section 2. Grievance Committee

Delete the following prologue:

"The members of the Executive Committee shall serve also as the Grievance Committee."

Substitute the following:

"This committee shall consist of a chairman and four other members, appointed by the President."

These amendments to the bylaws are to be voted at the next duly called meeting of the HDMS which is to be held on April 24, 1973.

Harry N. Memery, M.D.
Chairman, Bylaws Committee


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# HIGHLIGHTS OF THE FEBRUARY EXECUTIVE COMMITTEE MEETING

The Executive Committee met on Tuesday, February 20, 1973 in the Conference Room. Present were Drs. LaMarche, Moore, Burke, Bandeian, Asinas, Stevens, Sheehan and Mrs. Purdy. Dr. McKenna was present representing the Valley Dental Society.

Absent were Drs. Zacarian, Janovsky, Keroack, Cummings, Goldberg, and McHugh.

President LaMarche called the meeting to order at 7:50 P.M. Upon a motion duly made and seconded it was voted to accept the minutes as written.

CORRESPONDENCE

Dr. Ballantine, Chairman of the Quackery Committee of the American Medical Association is considering holding a "quackery meeting" in Springfield. This is informational.

Monsanto sent copies of letters explaining new procedures recently sent to physicians in the area. The Committee voted to print copies in the next *Newsletter.*

Ms. Kathleen L. Kelly, R.N., B.A. of Student Health Service of Springfield Technical Community College wrote asking for names of physicians to serve on the School's Health Advisory Board. The Committee voted to send the entire list of members of the HDMS along with the suggestion that the Springfield Technical Community College choose the names they wish. Recommendation of individual physicians to such a board is not in the province of the HDMS.

Mr. Stanley Averill of South Hadley sent in a new design he had created for safer book matches. The Committee voted to send this material to the AMA for consideration.

The Massachusetts Division of the American Cancer Society asked for endorsement of the Hampden District Medical Society to hold clinics for PAP, breast self examination, and oral examination in Springfield, Holyoke and West Springfield. The Committee voted endorsement.

The Massachusetts Rehabilitation Commission wrote asking for names of physicians and particularly new ones joining the HDMS in May and December. A list of present members will be sent to them, along with a copy of *The Hampden*

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TIME: Tuesday, April 24, 1973
Business Meeting at 6:00 P.M., followed by
Social Hour at 7:00 P.M.
* Dinner at 7:30 P.M.

PLACE: Chez Josef
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AGENDA: Annual Reports of Officers and Committees
Election of Officers

YOUR PRESENCE IS URGENTLY REQUESTED

Walton E. Stevens M.D.

Walton E. Stevens, M.D., Secretary, HDMS

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OLD BUSINESS

Dr. Keroack, Chairman of the new ad hoc Membership Committee, wrote a letter for approval to go out to members of the HDMS who are not members of the AMA. The letter was approved excepting for the second paragraph that was worded in the negative fashion. The letter was sent back to Dr. Keroack suggesting he re-word this paragraph.

At the request of the Executive Committee, the By-Law Committee, chaired by Dr. Memery sent a by-law change concerning the Grievance Committee. The Committee approved the wording. This will appear in *The Hampden Hippocrat* and will be voted upon at the Annual Meeting in April.

The following quote from the Executive Committee minutes of May 20, 1969 was read: "Under old business, Dr. Mozden gave a report of the Interhospital and Community Health Planning Committee. The Committee at its last meeting (1965) named Dr. Omar Pace as first representative to serve on the Board of Directors of the Connecticut Valley Health Planning Council. Dr. Collard and Dr. Maher were suggested as alternates." This opened the discussion of the Committee. Dr. LaMarche pointed out that in May of 1972 the Western Mass. Health Planning Council, Inc., asked for a list of names of physicians who might serve on the Board, etc. A letter was forwarded. None of the suggested physicians were nominated at the Annual Meeting of the Western Mass. Health Planning Council, Inc. The Committee voted to continue to explore the problem and to delay action until the March meeting. Minutes of meetings from the Western Mass. Health Planning Council, Inc. have been sent by Mr. Heggie as requested.

The Western Mass. Health Planning Council, Inc. has sent two synopses of needed Nursing Homes for HDMS consideration. Dr. LaMarche answered the letters and indicated approval if skilled nursing care and the necessary therapeutic services are rendered to the needy patients in the area. The Committee voted approval.

Dr. Herman, Director of Bureau of Resource Development stated that the negative opinion of the Executive Committee of HDMS to the clinic


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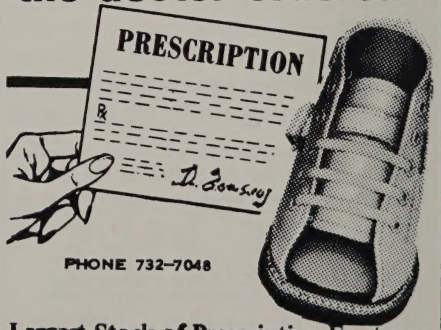


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concept of the Hampden County GYN project would be brought to the attention of the Public Health Council. Dr. Riordan has phoned Dr. LaMarche for further data.

NEW BUSINESS

Dr. LaMarche noted that the Western Mass. Health Planning Council has received a gift of money from the Blue Shield for study of emergency room and total emergency practices in this area. The propriety of this action was questioned and the matter was turned over to Dr. Grant Rodkey, Chairman of Blue Shield's Board of Directors, who is to report back to the HDMS.

Dr. Leonard Stone had called requesting the name of a physician to serve on the United Fund Advisory Board. Dr. Moore, Treasurer of HDMS, accepted this assignment.

Mr. Monte Flagg of the Springfield School Dept. wrote requesting that physicians try to limit medication which children must take during school hours. The Committee voted to support this request which is to be printed in *The Hampden Hippocrat.*

Mrs. Purdy read the report of a drug problem that occurred in Chicopee following a break into a physician's office. This was fully discussed and further action will be taken.

The proposal by Intrav for a Scandanavian trip, with a suggested date of June 20, 1973 was discussed. Conflicting personal schedules such as school closing, weddings, graduations, etc., preclude that date. A September date will be inquired about.

The Executive Committee was adjourned at 9:30 P.M.

The Grievance Committee met and considered four cases. Letters will be written by the Secretary to the physicians and patients involved.

The meeting was adjourned at 10:00 P.M.

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## MARK YOUR CALENDAR NOW!

HDMS Annual Meeting, April 24
HDMS Executive Committee, April 17 and May 15
MMS Council Meeting, Boston, May 23
MMS Annual Meeting, Boston, May 29-31
American College of Surgeons, Srping Meeting, New York, April 1-4
American Society of Internal Medicine, Chicago, April 6-8
American College of Physicians, Chicago, April 9-13
American Society for Artificial Internal Organs, Boston, April 7-9
American Academy of Pediatrics, Spring Session, Boston, April 9-12
AMA National Congress on the Socio-Economics of Health Care, Chicago, April 13-14
American Association of Obstetricians and Gynecologists, Mid-year, Boston, April 13-14
American Academy of Neurology, Boston, April 23-28
American Association for Electromyography and Electrodiagnosis, Boston, April 29
American Society of Neuroradiology, Boston, April 26-28
AMA Annual Meeting, New York, June 23-28

*Correspondence . . .*

# Medication In Schools

To the Editor:

Could we please make a request of the physicians in the area to assist in keeping medications out of the schools. It seems that we have had more cases this year of students taking medication during school time. As many of our schools dismiss at 2:10 P.M. this allows the youngster to be home earlier.

The schools have a policy*, agreed upon by Dr. Ayres, that maybe the physicians should be familiar with. We are trying to prevent drug abuse in schools and it is difficult to determine the legitimate use from the illigitimate. We would appreciate any assistance in this area your group could offer.

Thank you for this consideration.

MONTE R. FLAGG
Supervisor of Health Instruction
Public Schools of Springfield
195 State Street
Springfield, Mass. 01103

** (Editor's Note: – The following is policy approved by the Commissioner of Public Health and the Superintendent of Schools for the City of Springfield.)*

"Medication: As a rule, medication is not to be given in school. Medicine is treatment and as such is not a part of the school health services. In most cases, pupils who are on prolonged medication can have the dosage adjusted so the routine time for taking their prescription will come while they are out of school.

It is the exceptional case where an emergency dose is to be given during school hours, after a conference with the child, the nurse will advise the parent that the following procedure is necessary:

1. Written orders from the pupil's physician.
2. Written permission from the pupil's parents.

The medication shall be kept in the principal's office and taken in the presence of the principal, nurse (if she is in the building), or a person designated by the principal.

The bottle of medicine shall be issued by a pharmacist; the label shall bear:

1. The name of the child.
2. The name of the doctor.
3. The name and strength of the medication.
4. The amount of each dose.

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5. The schedule for the administration of the medication.

Each school shall have a list of pupils receiving medication during school hours. This list shall contain:

1. The pupil's name and address.
2. Parent's name and telephone number.
3. The prescribing physician's name and telephone number.
4. The reason for request to administer medication during school hours.

Except for such emergency first aid, treatment is the parent's responsibility. Some responsibility may be delegated to pupils old enough to understand their disability and the importance of the prescribed treatment."

# Help!

To the Editor:

Much has been said and much has been written about the Springfield Municipal Hospital. Irrespective of your convictions and opinions or non-convictions and non-opinions of who should operate or how the Hospital should be operated, there is one incontrovertible fact, namely, the patients therein and more to be admitted need the services of physicians.

The small but faithful and dedicated medical staff has dwindled to less than a skeleton. The chronically afflicted and the disabled elderly need your ministrations. Collectively, they were and still are your patients. They need you! Hence, we are appealing to any and all physicians to respond. We are willing to listen to all reasonable suggestions and willing to make any reasonable arrangements for your services.

Please, contact us!

Sincerely yours,
John C. Ayres, M.D.
Hospital Director
Springfield Municipal Hospital

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